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Form 990-PF

C Adjusted net income (if negative, enter 0)

For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0052

2000

Department of the Treasury				Treated as a Private Foundation ay be able to use a copy of this return to satisfy state reporting requirements					2009	
-		lendar year 2009, or		ion m		s return to satisfy state re	portir	ng requirements		
-		eck all that apply		Initi	al Return of a former p				Fina	ıl return
			Amended return	Address	· · ·	ne o	change			
-	Use tl	he					Α	Employer (dentification	n nun	nber
	IRS lab	bel. THE AL-KH	ALIDI FOUNDAT	ĬOĪ	J			16-1472768		
	Otherw prin	NISE, C/O PIAKE	R & LYONS - P N, NY 13902-1	3 3 C	30X 1330		В	Telephone number (see		nstructions)
	or typ See Spe	Je.	N, NI 15502 I	550	,		<u> </u>	607-729-622		nonding about here
	Instruct							 If exemption application 1 Foreign organizations, 		
•	H C	Check type of organia	zation Section	501	(c)(3) exempt private f	oundation	-	2 Foreign organizations		
		Section 4947(a)(1	l) nonexempt charital	ble t	rust X Other taxable	orivate foundation	_	here and attach compu		
		air market value of all ass		Acc	counting method XC	ash Accrual	Ε	If private foundation s under section 507(b)(1		
		from Part II, column (c), li		\Box	Other (specify)		F	If the foundation is in		
1	► \$ Part I			arτ I,	column (d) must be or			under section 507(b)(1		·
'	raiti	Expenses (Th	ne total of amounts in		(a) Revenue and expenses per books	(b) Net investme income	nt	(c) Adjusted net	t	(d) Disbursements for charitable
		columns (b), (c),	, and (d) may not ned amounts in column (a	es-	0, po., 600 po. 600					purposes
, ~ √%,		(see the instruct		<i>''</i>						(cash basis only)
8 2		I — "	s, grants, etc, received (att s		108,315.				_	
			e foundn is not req to att Sch avings and temporary							
2		cash investm	ents		52.		52.		2.	
	١	1	terest from securities		9,173.	9,17	<i>1</i> 3.	9,17	3.	
Į.	Í	5a Gross rents b Net rental income or (loss)						 		
DINING COSCIONATION	R R		om sale of assets not on line	10	3,123.					
8	R E V	b Gross sales price assets on line 6a				-				
Ŕ	D E	7 Capital gain net in	ncome (from Part IV, line 2)			3,12	23.		_	
Y	ρE N U E	8 Net short-terr 9 Income modi	m capital gain fications					59	5.	
E	E	10a Gross sales less returns and								
2		allowances b Less Cost of						<u> </u>		
	†	goods sold.								
ľ	7	c Gross profit/(los	s) (aπ scn) e (attach schedule).							
12	5									
A	=	+	nes 1 through 11		120,663.	12,34	18.	9,82	0.	
1	=1	13 Compensation of 14 Other employees	officers, directors, trustees,	etc	0.			ļ		
- (9		saldries and wayes is, employee benefits					†		
mm7	Ž A	1 46 - 1 1 6 6-141						 		
۴	M	b Accounting fees ((attach sch)			REC	<u> ΞΙ</u>	VED		
- (JN	c Other prof fees (attach sch)							
`	ا و E T	17 Interest 18 Taxes (attach schedule	-V :			NOV	5	2010		
	R R	19 Depreciation					. 0	18		
	ŢŢ	sch) and dep	lètion			OGD	= 1	J" —		
	N V G E	20 Occupancy 21 Travel, confe	rences, and meetings		_	1 000		, 01		
	A E	22 Printing and		•						
	A N P	23 Other expens	ses (attach schedule)							
	Ň	24 Tabel	ne and administrative							
	Ě	expenses. Ac	ng and administrativ dd lines 13 through 2	3						
	-	25 Contributions, gif	fts, grants paid PART	ΚV	15,000.					15,000.
		26 Total expens Add lines 24	ses and disbursemen	ts.	15,000.		0.		0.	15,000.
•		27 Subtract line	26 from line 12:		15,000.			- "	<u> </u>	15,000.
		a Excess of rev	venue over expenses	•	105,663.					
		and disburse	ements. acome (if negative, enter -0-	ı	103,003.	12,34	18	 		
		,	(

9,820

TEEA0504L 02/02/10

Form	990-1	PF (2009) THE AL-KHALIDI FOUNDATION	16-1472768 Pa				
<u> </u>		Attached schedules and amounts in the description	Beginning of year	End	of year		
Part	<u> </u>	Balance Sheets column should be for end of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing					
	2	Savings and temporary cash investments	19,005.	1,834.	1,834.		
	3	Accounts receivable					
		Less allowance for doubtful accounts					
	4	Pledges receivable			<u> </u>		
	7	Less allowance for doubtful accounts			- 		
	_						
	5	Grants receivable			 		
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions).					
	7	Other notes and loans receivable (attach sch)	· · · · · · · ·				
S		Less allowance for doubtful accounts			<u></u>		
Š	8	Inventories for sale or use					
A S S E T	9	Prepaid expenses and deferred charges					
Ś	10 a	Investments – U.S. and state government					
		obligations (attach schedule)					
	t	Investments — corporate stock (attach schedule)	220,410.	248,597	. 368,420.		
	١	: Investments — corporate bonds (attach schedule)					
	11	Investments — land, buildings, and equipment basis					
		Less accumulated depreciation (attach schedule)					
	12	Investments – mortgage loans					
	ł	Investments – other (attach schedule)					
	14	Land, buildings, and equipment basis					
	'4						
		Less_accumulated_depreciation					
	15	Other assets (describe)					
	16	Total assets (to be completed by all filers -	239,415.	250,431	. 370,254.		
	-	see instructions. Also, see page 1, item I)	239,413.	230,431			
ï	17	Accounts payable and accrued expenses		···	-		
À	18	Grants payable			-		
В	19	Deferred revenue			4		
Ŀ	20	Loans from officers, directors, trustees, & other disqualified persons		····	_		
Ţ	21	Mortgages and other notes payable (attach schedule)			_		
	22	Other liabilities (describe					
Ė		-		0			
<u> </u>	23	Total liabilities (add lines 17 through 22)	0.	0	-		
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.					
ΝF	24	Unrestricted	239,415.	250,431			
N F E U T N	25	Temporarily restricted			7		
D	l	Permanently restricted			7		
Α	20						
A B S A L T A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.					
E L	27	Capital stock, trust principal, or current funds					
ŚÑ	28	Paid-in or capital surplus, or land, building, and equipment fund					
Č	29	Retained earnings, accumulated income, endowment, or other funds					
O E R S	30	Total net assets or fund balances (see the instructions)	239,415.	250,431			
N J	31	Total liabilities and net assets/fund balances	233,413.	230, 131	'		
	Ľ,	(see the instructions)	239,415.	250,431			
Part	III .	Analysis of Changes in Net Assets or Fund Balanc	es				
	Total	net assets or fund balances at beginning of year — Part II, colu		gree with	220 415		
		of-year figure reported on prior year's return)		1 2	239,415.		
		r amount from Part I, line 27a		2			
3	·						
4	Add	lines 1, 2, and 3		4			
5		ases not included in line 2 (itemize) SEE STATEMENT		5	94,647.		
6	Total	net assets or fund balances at end of year (line 4 minus line 5)	- Part II. column (b), li	ine 30 6	250,431.		

1	Enter the appropriate amount	in each column for each year, see the	e instructions before making any ei	ntries
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
	2008			
	2007			
	2006			
	2005			
	2004			
				

2 Total of line 1, column (d)
 3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years
 4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5

Multiply line 4 by line 3Enter 1% of net investment income (1% of Part I, line 27b)

8 Enter qualifying distributions from Part XII, line 4

3

4

5 6 7

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

Add lines 5 and 6

Form 990-PF (2009) THE AL-KHALIDI FOUNDATION 16-1	L472768		D	age 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see		tions\		age 4
1 a Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1.	THE HISTIGE	1101137		
Date of ruling or determination letter: (attach copy of letter if necessary - see instr.)				
b Domestic foundations that meet the section 4940(e) requirements in Part V,	1		2	247.
check here ▶ ☐ and enter 1% of Part I, line 27b				
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable				
foundations only Others enter -0-)	2	_		0.
3 Add lines 1 and 2	3		2	<u>247.</u>
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			<u>0.</u>
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5		2	247.
6 Credits/Payments				
a 2009 estimated tax pmts and 2008 overpayment credited to 2009				
b Exempt foreign organizations — tax withheld at source 6b				
c Tax paid with application for extension of time to file (Form 8868).				
d Backup withholding erroneously withheld				
7 Total credits and payments Add lines 6a through 6d	7			0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	9			247.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.	10			.47.
11 Enter the amount of line 10 to be Credited to 2010 estimated tax	11			
Part VII-A Statements Regarding Activities				
			Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes				
(see the instructions for definition)?		1 b		X
If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials pur or distributed by the foundation in connection with the activities	blished			
c Did the foundation file Form 1120-POL for this year?		1 c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	0.			i 1
(1) On the foundation \$ 0. (2) On foundation managers \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed (if any) and the foundation during the year for political expenditure tax imposed (if any) and the foundation during the year for political expenditure tax imposed (if any) and the foundation during the year for political expenditure tax imposed (if any) and the foundation during the year for political expenditure tax imposed (if any) and the foundation during the year for political expenditure tax imposed (if any) and the foundation during the year for political expenditure tax imposed (if any) and the foundation during the year for political expenditure tax imposed (if any) and the foundation during the year for political expenditure tax imposed (if any) and the year		1		ı İ
foundation managers. \Rightarrow \$ 0.				
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
If 'Yes,' attach a detailed description of the activities				. 1
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	3			j
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	- ,,	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		4b	N	/ <u>A</u>
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If 'Yes,' attach the statement required by Concret Instruction T.		5		X
If 'Yes,' attach the statement required by General Instruction T 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				_{
Are the requirements or section 308(e) (relating to sections 4341 through 4343) satisfied either By language in the governing instrument, or				i l
				i l
 By state legislation that effectively amends the governing instrument so that no mandatory directions that co with the state law remain in the governing instrument? 	onflict	6		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV		7	X	
8a Enter the states to which the foundation reports or with which it is registered (see the instructions). N/A				
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G? If 'No,' attach explanation</i>		8b	Х	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	4942()(5)			<u> </u>
for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' complete	e Part XIV	9		X
Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their n and addresses SEE STATEMENT		10	Х	
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•	•				
Form	990-PF (2009) THE AL-KHALIDI FOUNDATION	16-14727	68	P	age 5
	t VII-A Statements Regarding Activities Continued				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	-	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?		12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exempt Website address N/A	ion application?	13	Х	
14		one no ► 607-	729-6	 226	
	Located at ► 3 CHAPIN STREET BINGHAMTON, N.Y. NY ZIP + 4				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check her	re	N/A	. ►	
_	and enter the amount of tax-exempt interest received or accrued during the year	▶ 15			N/A
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		1	V	N -
1.	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies. During the year did the foundation (either directly or indirectly)		-	Yes	No
16	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a				
	disqualified person?	Yes X No	ĺ		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	Yes X No			
b	olf any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions <u>described</u> . Regulations-section-53 4941(d)-3 or-in-a-current notice-regarding disaster assistance (see the instruc	ın	- 1b	N	/A
	Organizations relying on a current notice regarding disaster assistance check here	´ ► □			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted act that were not corrected before the first day of the tax year beginning in 2009?	ts,	1c	-	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section $4942(j)(3)$ or $4942(j)(5)$)			•	
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	Yes X No			
	If 'Yes,' list the years ▶ 20, 20, 20				
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 49 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 494)				
	all years listed, answer 'No' and attach statement — see the instructions)		<u>2b</u>	N	/A
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the year 20, 20, 20, 20	s here			
3 <i>a</i>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes X No			
b	of If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approby the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, o (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to	on ved r		1,	/3
	determine if the foundation had excess business holdings in 2009)		<u>3b</u>	N	/A
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?		4b		X
BAA		1	Form 99	0-PF	(2009)

Form 990-PF (2009) THE AL-KHALIDI FOU			16-14	727 <u>68</u> Page
Part VII-B Statements Regarding Activiti	es for Which Form	1 4720 May Be Requ	uired (continued)	
5a During the year did the foundation pay or incu	r any amount to			
(1) Carry on propaganda, or otherwise attempt	ot to influence legislation	on (section 4945(e))?	∐ Yes X	No
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section	n 4955), or to carry	☐ Yes X	No
(3) Provide a grant to an individual for travel,		purposes?		No
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, o 4940(d)(2) ⁹ (see instri	rganization described uctions)	Yes X	No
(5) Provide for any purpose other than religio educational purposes, or for the preventio	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Yes X	No
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regar	qualify under the excep ding disaster assistance	tions	5b N/A
Organizations relying on a current notice rega	rding disaster assistan	ce check here	▶ _	
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure response.	sibility for the grant?		N/A Yes] No
If 'Yes,' attach the statement required by Regi		• •		
6a Did the foundation, during the year, receive ar on a personal benefit contract?	ny funds, directly or ind	lirectly, to pay premiums	S Yes X	No
b Did the foundation, during the year, pay prem	iums, directly or indirec	ctly, on a personal bene	fit contract?	6b X
If 'Yes' to 6b, file Form 8870 7a At any time during the tax year, was the found	tation a party to a prob	ubited tax shelter transa	action? Yes X	No
b If yes, did the foundation receive any proceed	s or have any net incor	me attributable to the tra	ansaction?	7b N/A
Part VIII Information About Officers, D	irectors, Trustees,	Foundation Manag	gers, Highly Paid I	Employees,
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	ructions)	= =
	(b) Title and average		(d) Contributions to	(e) Expense account
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)		other allowances
FAROUQ AL-KHALIDI	DIRECTOR	0.	0.	0
3 CHAPIN STREET	2.00			
BINGHAMTON, NY 13905				
2 Compensation of five highest-paid employee	s (other than those in	cluded on line 1 – see in	estructions) If none a	nter 'NONE '
(a) Name and address of each employee	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expense account
paid more than \$50,000	hours per week devoted to position	(c) compensation	employee benefit plans and deferred compensation	other allowances
<u>NONE</u>			· · ·	
Total number of other employees paid over \$50,000	<u>. </u>	<u> </u>	<u> </u>	. (

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Form **990-PF** (2009)

Information About Officers, Directors, Trustees, Four and Contractors (continued)	ndation Managers, Highly Paid E	mployees,
3 Five highest-paid independent contractors for professional services – (see enter 'NONE.'	ee instructions). If none,	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	▶	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistionganizations and other beneficiaries served, conferences convened, research papers produced, etc.	cal information such as the number of	Expenses
2		
3		
4		
Part X-B Summary of Program-Related Investments (see Instru	uctions)	
Describe the two largest program-related investments made by the foundation d	uring the tax year on lines 1 and 2	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions		
Total, Add lines 1 through 3	▶	0.

Adjusted qualifying distributions. Subtract line 5 from line 4

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, Part X see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes. 1 a 252,698. a Average monthly fair market value of securities 1 b 10,420. b Average of monthly cash balances c Fair market value of all other assets (see instructions) 1 c d Total (add lines 1a, b, and c) 1 d 263,118. e Reduction claimed for blockage or other factors reported on lines 1a and 1c 0. (attach detailed explanation). 1e 0. Acquisition indebtedness applicable to line 1 assets 3 263,118. 3 Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1-1/2% of line 3 3,947. (for greater amount, see instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 5 259,171. 12,959. 6 Minimum investment return. Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations Part XI and do not complete this part.) and certain foreign organizations check here 12,959. Minimum investment return from Part X, line 6 247 2a Tax on investment income for 2009 from Part VI, line 5 2a 2b b Income tax for 2009 (This does not include the tax from Part VI) 20 247 c Add lines 2a and 2b 3 3 Distributable amount before adjustments Subtract line 2c from line 1 4 Recoveries of amounts treated as qualifying distributions 5 712 Add lines 3 and 4 6 6 Deduction from distributable amount (see instructions) **-7** -Distributable-amount-as adjusted Subtract-line-6-from-line-5-Enter-here-and on Part XIII, line 1-Part XII | Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes 15,000. 1 a a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 **b** Program-related investments - total from Part IX-B 1 b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes 2 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) 3а 3b **b** Cash distribution test (attach the required schedule). 4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 15,000. Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). 5

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

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Form 990-PF (2009)

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15,000.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,				12 712
line 7	<u></u>			12,712.
2 Undistributed income, if any, as of the end of 2009 a Enter amount for 2008 only			0.	
b Total for prior years 20, 20, 20		0.	0.	
3 Excess distributions carryover, if any, to 2009				
a From 2004 2,000.				
b From 2005				
c From 2006				ļ
d From 2007				
e From 2008				
f Total of lines 3a through e.	2,000.			
4 Qualifying distributions for 2009 from Part				
XII, line 4 ► \$ 15,000.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required – see instructions)		0.		
c Treated as distributions out of corpus				
(Election required – see instructions)	0.			10.710
d Applied to 2009 distributable amount				12,712.
e Remaining amount distributed out of corpus	2,288.			0.
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the	0.			0.
same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				,
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,288.			
, , , , , , , , , , , , , , , , , , ,	4,200.	-		
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-				
ed income for which a notice of deficiency has been issued, or on which the section				
4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable amount — see instructions.		0.		
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount — see instructions			0.	
6 Hadistanhi, itad isaassa faa 2000 Ciibkaast liisaa				
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010.				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)				
(see instructions)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)	2,000.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	2,288.			
10 Analysis of line 9				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008.				
e Excess from 2009 2,288.			<u> </u>	<u> </u>

orm 990-PF (2009) THE AL-KHALIDI FO		tions and Part	VII A guestion 9	16-14/2/68		
1a If the foundation has received a ruling or of					N/A	
is effective for 2009, enter the date of the	ruling	·	_	_		
b Check box to indicate whether the foundat		erating foundation of T		4942(j)(3) or	4942(j)(5)	
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year (a) 2009	(b) 2008	Prior 3 years (c) 2007	(d) 2006	(e) Total	
investment return from Part X for each year listed	(a) 2009	(b) 2008	(6) 2007	(d) 2000	(e) Total	
b 85% of line 2a						
 Qualifying distributions from Part XII, line 4 for each year listed 						
d Amounts included in line 2c not used directly for active conduct of exempt activities						
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c						
3 Complete 3a, b, or c for the alternative test relied upon						
a 'Assets' alternative test — enter						
(1) Value of all assets(2) Value of assets qualifying under						
section 4942(j)(3)(B)(i) b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X,						
line 6 for each year listed c 'Support' alternative test — enter						
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section		}				
512(a)(5)), or royalties)						
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III).						
(3) Largest amount of support from an exempt organization						
(4) Gross investment income	<u> </u>		<u> </u>		_ 	
Supplementary Information assets at any time during th			organization ha	d \$5,000 or moı ————	e in 	
1 Information Regarding Foundation Manage a List any managers of the foundation who have close of any tax year (but only if they have NONE	nave contributed m	ore than 2% of the than \$5,000) (See	total contributions resection 507(d)(2))	eceived by the foun	dation before the	
b List any managers of the foundation who ca partnership or other entity) of which the NONE	b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest NONE					
2 Information Regarding Contribution, Gran	ıt, Gift, Loan, Scho	larship, etc, Progr	ams:			
Check here ${\mathbb K}$ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc, (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d						
a The name, address, and telephone numbe	r of the person to	whom applications	should be addressed		 	
b The form in which applications should be submitted and information and materials they should include						
c Any submission deadlines	c Any submission deadlines					
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors						

BAA

Page 11

1 ENDICOTT AVENUE JOHNSON CITY, NY 13790	3 Grants and Contributions Paid During the Ye	ear or Approved for Fut	ure Paymen	<u>.t </u>		
a Paid during the year THE CRESCENT ACADEMY 1 ENDICOTT AVENUE JOHNSON CITY, NY 13790 NONE N/A GENERAL CONTRIBUTION 15,0	Recipient	If recipient is an individual, show any relationship to any foundation manager or	Foundation status of	Purp	ose of grant or	Amount
a Paid during the year THE CRESCENT ACADEMY 1 ENDICOTT AVENUE JOHNSON CITY, NY 13790 NONE N/A GENERAL CONTRIBUTION 15,0	Name and address (home or business)	substantial contributor	recipient	L		
	a Paid during the year THE CRESCENT ACADEMY 1 ENDICOTT AVENUE				CONTRIBUTION	15,000.
b Approved for future payment	Total		•		► 3a	15,000.
Total ► 3b					▶ 3h	

nter gross amounts unless otherwise indicated.	Unrelated i	ousiness income	Excluded by	section 512, 513, or 514	
Program service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (see the instructions)
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies			<u> </u>		
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					52
4 Dividends and interest from securities					9,173
5 Net rental income or (loss) from real estate					<u> </u>
a Debt-financed property.					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					3,123
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b					
-c					
d					
e	1				
12 Subtotal Add columns (b), (d), and (e)					12,348
13 Total. Add line 12, columns (b), (d), and (e)				13	12,348
See worksheet in the instructions for line 13 to verify c	alculations)				

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See the instructions)
N/A	
-	

Yes No

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

d	escrib	ed in section 501(c) o to political organizati	f the Code (of	ther than se	ction 501(c)(3) of	rganizat	ions) or in sectio	n 527,		
		ers from the reporting		a noncharit	able exempt orga	anızatıoı	n of			
) Ca			a	acio enempt orga				1a(1)	X
	-	ner assets							1a (2)	$\frac{x}{x}$
•	•	ransactions								
		les of assets to a none	charitable exe	mpt organiz	ation				1 b (1)	X
•	•	rchases of assets fron		. •					1b(2)	X
		ntal of facilities, equip			0.ga/0.1071				1 b (3)	X
-	-	ımbursement arranger	·						1 b (4)	X
•	•	ans or loan guarantee:							1 b (5)	X
	•	rformance of services		in or fundra	isina solicitations				1 b (6)	X
•	-	g of facilities, equipme		•	J				1c	X
th <u>a</u>	ne god ny tra	enswer to any of the alods, other assets, or sunsaction or sharing ar	ervices given	by the repor	rtına foundation	If the fo	undation receive	d less than fair i	market value in	of
(a) Line	e no	(b) Amount involved	(c) Name o	of noncharitable	exempt organization		(d) Description of t	ransfers, transaction	s, and sharing arranger	nents
N/A_										
	_									
							·			
							<u> </u>			
			<u></u>							
						_				
						_				
									·	
										
					<u></u>			<u></u>		
d	escrib	oundation directly or i led in section 501(c) o complete the following	f the Code (of	ated with, oi ther than se	r related to, one ction 501(c)(3)) c	or more or in sec	tax-exempt orga ction 527?	nizations	Yes	XNo
	(;	a) Name of organization	on	(b)	Type of organiza	tion		(c) Description	of relationship	
N/A										
									<u> </u>	
										
Under	penalti	les of perjury, I declare that I	have examined the	is return, includi uciary) is based	ng accompanying sche	dules and	statements, and to the	best of my knowledg	e and belief, it is true, co	orrect, and
		M an an	, '0'				, ,		/	
, 	× 4	rovery Ust	ahodi				>311-8-201	0 ► Trus	two	
<u> </u>	Signati	ure of officer or trustee					Date	Title		
	T.	Dranavada -	$\overline{}$	1	- DA		Date	Check if	Preparer's Identifying (See Signature in the	
Paid	l s	Preparer's signature	<u> </u>	1 mm	ر حری		11/08/10	self- employed	N/A	1113113)
Pre-	استست	Firm's name (or PIAKE		S. PC	N		111/00/10	EIN N/	11 ·	
Use	ý	rours if self.	BOX 1330	<u>~, 10</u>				14/	-	
Only	′ a			Y 13902-	-1330			Phone no	(607) 729-9	1373
<u> </u>	12	code						TETIONE 110	Form 990-5	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF

OMB No 1545-0047

2009

Name of the organization		Employer identification number				
THE AL-KHALIDI FOUNDATION 16-1472768						
Organization type (check one)						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization					
Form 990-PF	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a X 501(c)(3) taxable private foundation	private foundation				
Check if your organization is covered by the Ge Note: Only a section 501(c)(7), (8), or (10) organization	eneral Rule or a Special Rule anization can check boxes for both the General Rule and	a Special Rule See instructions				
General Rule –						
X For an organization filing Form 990, 990-EZ contributor (Complete Parts I and II)	, or 990-PF that received, during the year, \$5,000 or mo	re (in money or property) from any one				
Special Rules —						
509(a)(1)/170(b)(1)(A)(vi) and received from any	orm 990 or 990-EZ, that met the 33-1/3% support test of one contributor, during the year, a contribution of the greater or or (ii) Form 990-EZ, line 1- Complete-Parts-I-and-II					
	ation filing Form 990 or 990-EZ, that received from any o 0 for use <i>exclusively</i> for religious, charitable, scientific, I Complete Parts I, II, and III					
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc, purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively						
religious, charitable, etc, contributions of \$5	5,000 or more during the year	- \$				
990-PF) but it must answer 'No' on Part IV. line	the General Rule and/or the Special Rules does not file 2 of their Form 990, or check the box on line H of its F g requirements of Schedule B (Form 990, 990-EZ, or 990	orm 990-EZ, or on line 2 of its Form				
BAA For Privacy Act and Paperwork Reduction for Form 990, 990EZ, or 990-PF.	on Act Notice, see the Instructions Sche	dule B (Form 990, 990-EZ, or 990-PF) (2009)				

Schedule	B (Form 990, 990-EZ, or 990-PF) (2009)	Page 1	of 1 of Part I
Name of org	anization L-KHALIDI FOUNDATION	' '	r identification number 472768
Part I	Contributors (see instructions)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	FAROUQ AL-KHALIDI 3 CHAPIN STREET BINGHAMTON, NY 13905	\$ <u>108,315.</u>	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u></u>		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u></u>		 \$	Person Payroli Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2009)		Page 1	of	1 of Part II
ame of organ	nzation	•		Employer ident	ification number
THE AL-	-KHALIDI FOUNDATION			16-1472	768
Part II	Noncash Property (see instructions.)				
(a) No. from Part I	(b) Description of noncash property given		(c FMV (or e (see instr) stimate) uctions)	(d) Date received
1	4,500 SHARES - CISCO SYSTEMS, INC.				
1		1			
		\$_	1	08,315.	11/04/09
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or e) (see instr) estimate) uctions)	(d) Date received
			_		
		\$_			<u> </u>
(a) No. from Part I	(b) Description of noncash property given		(c FMV (or e (see instr) estimate) ructions)	(d) Date received
		_			
		\$_			
(a) No. from Part I	(b) Description of noncash property given		(c FMV (or e (see instr) estimate) ructions)	(d) Date received
<u> </u>		Ī			
		\$_			
(a) No. from Part I	(b) Description of noncash property given		FMV (or e (see instr	estimate) ructions)	(d) Date received
		\mathbf{I}			
		 \$_			

BAA

(a) No. from Part I

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2009)

(d) Date received

(c) FMV (or estimate) (see instructions)

(b)
Description of noncash property given

of _1

of Part III

Name of organization

Employer identification number

ILE AP-VUAPTI	DI FOUNDATION	10-14/2/00
	sively religious, charitable, etc, individual contribution	
•	zations aggregating more than \$1,000 for the year.(Co	

(a)	For organizations completing Part III, enter contributions of \$1,000 or less for the year (b)	(c)	see instructions	s) ►\$ (d)	N/A
No. from Part I	Purpose of gift	Use of gift		Description of how gift	is held
	N/A				
					=
		(e) Transfer of gift			
	Transferee's name, addres		Relatio	onship of transferor to trans	feree
	 				
			-		·
(a)	(b)	(c)		(d)	
No. from Part I	Purpose of gift	Use of gift		Description of how gift	is held
Taiti					
ľ					
		(e) Transfer of gift			
	Transferee's name, addres	Relationship of transferor to transferee			
				· · -	
					· · ·
(a)	(b)	(c)		(d)	-
No. from	Purpose of gift	Use of gift		Description of how gift	is held
Part I					
		<u>-</u>	· · · · · · · · · · · · · · · · · · ·		
	Transferee's name, addres	Relationship of transferor to transferee			
				 	
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	ic held
Part I	- urpose of gift	OSC OF GIR			
	Tunnessan all manns addition	Relationship of transferor to transferee			
	Transferee's name, addres	5, and ZIP + 4	Relatio	onship of transferor to trans	sieree
		· · ·			
		-			

_	-	-	-
•	п		
_			•
•	.,		-

FEDERAL STATEMENTS

PAGE 1

THE AL-KHALIDI FOUNDATION

16-1472768

STATEMENT 1 FORM 990-PF, PART III, LINE 5 **OTHER DECREASES**

FMV OF DONATED STOCK IN EXCESS OF ACTUAL COST & OTHER ITEMS

94,647. TOTAL \$ 94,647.

STATEMENT 2 FORM 990-PF, PART IV, LINE 1 CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

		(B) HOW	(C) DATE	(D) DATE
<u>ITEM</u>	(A) DESCRIPTION	ACQUIRED	ACQUIRED	SOLD
1	300 FAMILY DOLLAR	PURCHASED	8/14/2009	11/10/2009
2	200 FAMILY DOLLAR	PURCHASED	9/11/2009	11/10/2009
3	500 CISCO SYSTEMS	PURCHASED	3/25/1996	7/13/2009
4	200 CISCO SYSTEMS	PURCHASED	3/25/1996	11/12/2009
5	500 GENERAL ELECTRIC	PURCHASED	9/24/1998	12/09/2009
6	100 GENERAL ELECTRIC	PURCHASED	9/24/1998	12/11/2009
7	100 GENERAL ELECTRIC	PURCHASED	6/26/2008	12/11/2009
8	300 GENERAL ELECTRIC	PURCHASED	10/07/2008	12/11/2009
9	-188PF-IZER	- PURCHASED	-6/-26/-2-008	10/23/-2009
10	12 PFIZER	PURCHASED	3/14/2008	10/23/2009

	(E) GROSS	(F) DEPREC.	(G) COST	(H) GAIN	(I) FMV	(J) ADJ. BAS.	(K) EXCESS	(L) GAIN	
ITEM	SALES	ALLOWED	BASIS	(LOSS)		12/31/69	(I) - (J)	(LOSS)	
1	8,890.		8,768.	122.			-	\$ 12	22.
2	5,927.		5,454.	473.				47	
3	9,242.		2,458.	6,784.				6,78	34.
4	4,656.		983.	3,673.				3,67	73.
5	7,797.		12,294.	-4,497.				-4,49	97.
6	1,593.		2,459.	-866.				-86	56.
7	1,593.		2,697.	-1,104.				-1,10	
8	4,780.		6,173.	-1,393.				-1,39	93.
9	3,235.		3,263.	-28.				-2	28.
10	207.		248.	-41.					11.
							TOTAL	\$ 3,12	23.

STATEMENT 3 FORM 990-PF, PART VII-A, LINE 10 SUBSTANTIAL CONTRIBUTORS DURING THE TAX YEAR

NAME OF SUBSTANTIAL CONTRIBUTOR ADDRESS OF SUBSTANTIAL CONTRIBUTOR

FAROUQ AL-KHALIDI

3 CHAPIN STREET BINGHAMTON, NY 13905

Form **8868** (Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

In [1709

X

Internal Revenue Service

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

this form, vis	it www.irs.gov/etile and click on	e-file for Charities	s & Nonprotits.				
	Name of Exempt Organization					Employer identifica	ation number
Type or print	THE AL-KHALIDI FOUND	DATION_		_		16-147276	8
File by the due date for	Number, street, and room or suite number	If a P O box, see inst	ructions				
filing your return See	C/O PIAKER & LYONS -						
instructions	City, town or post office, state, and ZIP co	de For a foreign addre	ss, see instructions				
	BINGHAMTON, NY 13902	2-1330	·				
	of return to be filed (file a separa	— ''	,	-			
Form 990	_	Form 990-T (c	•		Form 472	0	
Form 990		-	ection 401(a) or 408(a	· · · · · ·	Form 522		
Form 990			ust other than above)	1	Form 606		
X Form 990)-PF	Form 1041-A			Form 887	0	-
Telephone If the org If this is the check this	are in the care of ► FAROUQ No ► 607-729-6226 anization does not have an office for a Group Return, enter the org so box ► ☐ If it is for part of a sign will cover	e or place of busi	FAX No ► ness in the United Sta ligit Group Exemption	Number (GEN)	If		
1 I reque:	st an automatic 3-month (6 mont	ths for a corporat	on required to file For	m 990-T) extens	ion of time		
until	8/15, 20_10_, to file	the exempt orga	nization return for the	organization nai	med above		
The ext	ension is for the organization's r	eturn for					
► X	calendar year 20 09 or						
▶ []	tax year beginning	, 20,	and ending	, 20	- '		
2 If this ta	ax year is for less than 12 month	ns, check reason	Initial return	Final return	n 🔲 C	hange ın accou	nting period
3a If this a nonrefu	pplication is for Form 990-BL, 99 indable credits. See instructions	90-PF, 990-T, 472	20, or 6069, enter the	tentative tax, les	s any	3a \$	0.
	pplication is for Form 990-PF or include any prior year overpayme			d estimated tax p	oayments	3b \$	0.
c Balance deposit See ins	e Due. Subtract line 3b from line with FTD coupon or, if required, tructions	3a. Include your by using EFTPS	payment with this form (Electronic Federal Ta	m, or, if required, ax Payment Syst	, em)	3c \$	0.
Caution, If yo	ou are going to make an electron	nic fund withdraw	al with this Form 8868	, see Form 8453	EO and For	m 8879-EO for	

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 4-2009)

Form 8868.	(Rev 4-2009)	Page 2
• If you a	re filing for an Additional (Not Automatic) 3-Month Extension, complete or	
	complete Part II if you have already been granted an automatic 3-month ex	
If you a	re filing for an Automatic 3-Month Extension, complete only Part I (on pag	e 1)
PartII	Additional (Not Automatic) 3-Month Extension of Time. Only	file the original (no copies needed).
	Name of Exempt Organization	Employer identification number
Type or		
print	THE AL-KHALIDI FOUNDATION	16-1472768
Eda bu tha	Number, street, and room or suite number. If a P O box, see instructions	For IRS use only
File by the extended due date for	PIAKER & LYONS, PC	
filing the	P.O. BOX 1330	
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions	The state of the s
	BINGHAMTON, NY 13902-1330	
Check type	of return to be filed (File a separate application for each return)	
Form 9	90 X Form 990-PF	Form 1041-A Form 6069
Form 9	90-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720 Form 8870
Form 9	Form 990-T (trust other than above)	Form 5227
STOP! Do	not complete Part II if you were not already granted an automatic 3-month	extension on a previously filed Form 8868.
The boo	ks are in care of ► FAROUQ AL-KHALIDI	
Telepho	one No ► 607-729-6226 FAX No ►	
• If the o	rganization does not have an office or place of business in the United State	s, check this box
• If this is	s for a Group Return, enter the organization's four digit Group Exemption N	umber (GEN) If this is for the
whole grou	p, check this box 🕒 📗 If it is for part of the group, check this box 🕒	and attach a list with the names and EINs of all
members th	ne extension is for	
4 I requ	lest an additional 3-month extension of time until $11/15$, 20	10
5 For ca	alendar year 2009, or other tax year beginning, 2	0 , and ending , 20
6 If this	tax year is for less than 12 months, check reason Initial return	Final return Change in accounting period
7 State	ın-detail-why-you need-the-extension ——ADDITIONAL-TIME —IS-R	EQUESTED TO COMPILE THE INFORMATION
	ESSARY TO FILE A COMPLETE AND ACCURATE RETURN.	
8a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the ter	ntative tax, less any
	fundable credits. See instructions	8a \$ 0.
b If this	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable	credits and estimated tax
paym with F	ents made. Include any prior year overpayment allowed as a credit and any form 8868.	amount paid previously 8b \$ 0.
	ice Due. Subtract line 8b from line 8a Include your payment with this form,	
with F	TD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymer	nt System) See instrs 8c \$ 0.
	Signature and Verification	
Under penalties	s of perjury, I declare that I have examined this form, including accompanying schedules and statemi mplete, and that I am authorized to prepare this form	
correct, and co	implete, and that i and authorized to prepare this form	
Signature	Title ▶	Date ►
_		
BAA	FIFZ0502L 03/11/09	Form 8868 (Rev 4-2009)

Form **8868**

(Rev April 2009)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

If you are	filing for an Automatic 3-Month	Extension, complete only Part I and check this box.			► X	
		omatic) 3-Month Extension, complete only Part II (on				
	lete Part II unless you have alrea	dy been granted an automatic 3-month extension on	a previously f	iled Form 8868		
Part I	Automatic 3-Month Extens	on of Time. Only submit original (no copies	needed).			
•	·	requesting an automatic 6-month extension — check t		-	- —	
All other corp income tax re	orations (including 1120-C filers) eturns	partnerships, REMICS, and trusts must use Form 70	104 to request	t an extension of	time to file	
returns noted the additional Form 990-T	below (6 months for a corporation (not automatic) 3-month extension	ectronically file Form 8868 if you want a 3-month auto in required to file Form 990-T) However, you cannot on ion or (2) you file Forms 990-BL, 6069, or 8870, group or completed and signed page 2 (Part II) of Form 8868 -file for Charities & Nonprofits	file Form 8868 returns, or a	8 electronically if composite or co	f (1) you want onsolidated	
	Name of Exempt Organization			Employer identificat	ion number	
Type or						
print	THE AL-KHALIDI FOUND	ATION		16-1472768	}	
File by the due date for	Number, street, and room or suite number					
filing your return See	C/O PIAKER & LYONS -	PO BOX 1330	_			
instructions	City, town or post office, state, and ZIP cod	For a foreign address, see instructions	-			
	BINGHAMTON, NY 13902	-1330				
Check type o	f return to be filed (file a separat	e application for each return)				
Form 990		Form 990-T (corporation)	Form 472	20		
Form 990	-BL	Form 990-T (section 401(a) or 408(a) trust)	Form 522	227		
Form 990	-EZ	Form 990-T (trust other than above)	Form_606	6069		
X Form 990	•PF	Form 1041-A	Form 887	70		
Telephone If the orga If this is for check this	or a Group Return, enter the orga	FAX No For place of business in the United States, check this inization's four digit Group Exemption Number (GEN) are group, check this box	1f			
1 reques	t an automatic 3-month (6 month	is for a corporation required to file Form 990-T) exten	sion of time			
		the exempt organization return for the organization na	amed above			
	ension is for the organization's re	turn for				
► <u>X</u>	calendar year 20_09_ or					
► <u></u>	tax year beginning	, 20, and ending, 20 _	- -			
2 If this ta	x year is for less than 12 months	, check reason Initial return Final retu	ırn 🔲 C	hange in accoun	ting period	
3a If this ap	oplication is for Form 990-BL, 990 ndable credits See instructions	0-PF, 990-T, 4720, or 6069, enter the tentative tax, le	ss any	3a \$	247.	
b If this ar made_Ir	oplication is for Form 990-PF or 9 nclude any prior year overpayme	90-T, enter any refundable credits and estimated tax nt allowed as a credit	payments	3ь\$	0.	
c Balance deposit See inst		a Include your payment with this form, or, if required by using EFTPS (Electronic Federal Tax Payment Sys	d, stem)	3c \$	247.	
Caution. If yo payment instr		c fund withdrawal with this Form 8868, see Form 845	3-EO and For	m 8879-EO for		

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 4-2009)

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868 If you are filing for an Automatic 3-Month Extension, complete only Part II (on page 1) Part II	Form 8868	(Rev 4-2009)			Page 2	
Part II Additional (Not Automatic 3-Month Extension, complete only Part I (on page 1) Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Name of Exempt Organization Employer identification number	• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box					
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Name of Exempt Organization Employer identification number						
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Name of Exempt Organization Employer identification number	• If you a	are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)				
Name of Exempt Organization Employer identification number			CODIE	s ne	eded).	
THE AL-KHALIDI FOUNDATION Number, street, and room or suite number If a P O box, see instructions						
THE AL-KHALIDI FOUNDATION Number, street, and room or suite number If a P O box, see instructions	_					
Number, street, and room or suite number. If a P O box, see instructions PIAKER & LYONS, PC P.O. BOX 1330 City, town or post office, state, and ZIP code. For a foreign address, see instructions BINGHAMTON, NY 13902-1330 Check type of return to be filed. (File a separate application for each return) Form 990 Form 990-BL Form 990-F Form 990-EZ Form 990-T (trust other than above) Form 990-EZ STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in care of FAROUQ AL-KHALIDI Telephone No FOT-729-6226 FAX No If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the		THE AL-KHALIDI FOUNDATION 16-	16-1472768			
extended due date for filing the return See instructions City, town or post office, state, and ZIP code For a foreign address, see instructions	P ······					
P. O. BOX 1330 City, town or post office, state, and ZIP code For a foreign address, see instructions	File by the	DIAVED C LYONG DC		•		
City, town or post office, state, and ZIP code For a foreign address, see instructions BINGHAMTON, NY 13902-1330 Check type of return to be filed (File a separate application for each return) Form 990 X Form 990-PF Form 990-BL Form 990-EZ Form 990-T (section 401(a) or 408(a) trust) Form 990-EZ Form 990-T (trust other than above) Form 5227 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in care of FAROUQ AL-KHALIDI Telephone No 607-729-6226 FAX No If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the	due date for					
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 The books are in care of ► FAROUQ AL-KHALIDI Telephone No ► 607-729-6226						
Telephone No ► 607-729-6226 FAX No ► • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the						
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• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the						
whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all						
members the extension is for						
4 request an additional 3-month extension of time until 11/15 , 20 10.						
5 For calendar year 2009 or other tax year beginning, 20, and ending, 20						
6 If this tax year is for less than 12 months, check reason						
7 State in detail why you need the extension <u>ADDITIONAL TIME IS REQUESTED TO COMPILE THE INFORMATION</u>						
NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.						
			1			
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	8a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		٦	247	
	nonrefundable credits. See instructions.			\$_	247.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously						
				\$	0.	
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit	c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit					
	with [<u>8c</u>	\$	247.	
Signature and Verification Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form						
Signature Date Date	Signature	Title ►	D	ate P		

FIFZ0502L 03/11/09

Form 8868 (Rev 4-2009)

BAA